

City of Germantown

Volunteer Application

The Value of One...The Difference of Many

Today's Date:/
Name (Please Print):
Street Address: Apt
Street Address:
Gender: Male Female
Age : Under 18 ☐ 18 to 30 years ☐ 31 to 45 years ☐ 45 to 59 years ☐ 60+ years ☐
Phone: Home () Work () Cell ()
E-mail Address:
Any medical conditions / concerns (allergies, medications, etc)
In case of an emergency, contact:
Relation: or () or ()
Have you been convicted of a felony? If yes, explain
Why do you want to volunteer?
Are you currently a student, employed or retired (you lucky dog!) ?
Where are you a student / employed?
Do you plan to receive school credit? If so, how many hours are needed? By when?
What time of day are you available? Which day(s) of the week?
Do you prefer to volunteer indoors and / or outdoors?
Please list any hobbies or interests:
Please check ✓ which areas are of interest to you:
Administrative / Clerical Duties \square Children's Activities \square Senior Activities \square
Special Needs population Environmental Education Various Sports
Any other skills, abilities or comments you wish to share:
I certify that all information given in the application is true and complete. I understand that I may be asked to authorize an investigation of statements I have made. I understand that any false statements on this application shall be sufficient cause for denial of volunteering or summary dismissal. The applicant affirms that she / he has read the above paragraph and consents to its terms and conditions and that all information provided is correct to the best of applicant's knowledge.
I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I do further hereby release, absolve indemnity and hold harmless the Germantown Parks and Recreation Department, the organizers, the sponsors, the supervisors, the instructors, and/or all of them. In case of injury or sickness during any activity, I likewise waive all claims against the organizers, the sponsors or any of the supervisors or instructors appointed by them. If I am unable to be contacted, the Germantown Parks and Recreation Department has permission to obtain proper medical attention. I give permission for my child to be photographed while participating in the activity and for such photographs to be publicized in local newspapers and/or City Publications. (Signature) Date / /